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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14882

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 176 PRIMARY REG. DIST. NO. 5-65-2 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mt. Vernon Rural</u>		c. LENGTH OF STAY (In this place) <u>3 wks.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>		e. CITY (If outside corporate limits, write RURAL and give township) <u>Miller Lincoln</u>	
		f. STREET ADDRESS (If rural, give location) <u>0550</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>Heiney</u> c. (Last) <u>Patton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-2-1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>5-25-1865</u>
9. AGE (In years last birthday) <u>87</u>		10. IF UNDER 1 YEAR Months <u>10</u> Days <u>9</u>	11. IF UNDER 12 WKS. Hours <u>9</u> Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>Native</u>	
13a. FATHER'S NAME <u>John Patton</u>		13b. MOTHER'S MAIDEN NAME <u>Esther Heiney</u>	
13c. NAME OF HUSBAND OR WIFE <u>Mary Patton</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary Patton Miller Mo.</u>		ADDRESS <u>Miller Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prostatitis</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES DUE TO (b) <u>Gonorrhea</u> DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>5711</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>4-1</u> , 19 <u>53</u> , to <u>4-1</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>4-2</u> , 19 <u>53</u> and that death occurred at <u>9:00 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. S. Burney M.D.</u> (Degree or title)		23b. ADDRESS <u>Miller Mo.</u>	
23c. DATE SIGNED <u>4-3-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>4-5-1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Pennsboro</u>		24d. LOCATION (City, town, or county) (State) <u>N. J. Miller Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-3-53</u>		REGISTRAR'S SIGNATURE <u>W. S. Burney</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Monroe Simon</u>		ADDRESS <u>Miller Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

E. R. Leiman

Licensed Embalmer No. *3292*

P. O. Address *Miller Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.